

Comprehensive Mental Health Treatment Plan

Name: Jane Doe		Today's Date: 9/8/2021	DOB: 10/26/2003
ID Number:			
Diagnosis (ICD-10):	F41.1 Generalized Anxiety Disorder		
Current Medications:	100mg of Zoloft 1x Daily		
Existing Problem	Manifested By		
Evaluation Tool(s) used (attach to plan) results and dates of meetings/evaluations	See attached Scared Assessment completed on 9/6/2021 which was positive for GAD and School Avoidance		
Manifestations	Persistent worry about small things, Restless energy, Physical somatic symptoms, Sleep problems, Intense fear or worry, Avoidance of social situations, and Avoidance of specific places (School)		
SMART Goal:	<p>"I want to worry less and feel more confident in decision making".</p> <p>Jane's goal is to decrease her overall worry from an 8 to a 5 on a 10 point scale. Jane's overall anxiety will be measured at the start of each session and goal is expected to be achieved in 6 months. LCSW will assist client in meeting her goal by having client participate in Assertiveness training, improve communication skills and participate in CBT to target anxiety.</p>		
The target date to reach the goal is 6 months from the date the treatment plan is signed.			
Action Steps/Objectives	<ul style="list-style-type: none"> <input type="checkbox"/> Client will identify and clarify nature of fears and symptoms associated with generalized anxiety. <hr/> <input type="checkbox"/> Client will work with therapist/counselor to help develop reality based, positive cognitive messages that will increase self confidence in coping with anxiety. <hr/> <input type="checkbox"/> Client will implement assertiveness skills learned in therapy. 		

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Therapist Interventions	<ul style="list-style-type: none"> <input type="checkbox"/> LCSW will provide therapy to help Client expose and extinguish irrational beliefs and conclusions that contribute to anxiety. <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> LCSW/LPC will conduct individual therapy to help Client better understand psychological causes of anxiety. <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> LCSW/LPC will assist Client in developing reality based, positive cognitive messages that will increase self-confidence and thereby decrease anxiety. 		
Services Provided	<p align="center">Services for Client</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual Therapy <input type="checkbox"/> De-escalation/Emotional Regulation <input type="checkbox"/> Group Therapy (Social Skills) 	<p align="center">Frequency</p> <p>1x Weekly As Needed 1x monthly</p>	
Transition Plan	<p align="center">Expected Treatment Length</p> <p>Expected length of treatment at this time is 6 months.</p>	<p align="center">Anticipated Posted DC Services</p> <p>Upon discharge client will receive a list of referrals for continued care and will be encouraged to check-in with their PCP.</p>	<p align="center">Plan for Transition/Discharge</p> <p>Once Client begins to make progress and reach goals LCSW will begin to implement step-down service and work to decrease the frequency of sessions.</p>
Personal Safety Plan			
De-Escalation Plan	<p>Student requires de-escalation plan as part of accommodations.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Client requires Pull-outs from class when anxiety becomes too intense. <input type="checkbox"/> Trips to the self-regulation lab to emotionally regulate as needed <input type="checkbox"/> Additional: Client can call her mom for support when anxiety is too high.225-999-5555 	
Current Safety Risks	None/Denied		
Current Coping Skills	<ul style="list-style-type: none"> <input type="checkbox"/> Listening to music <input type="checkbox"/> Writing in journal <input type="checkbox"/> Baking 		
Personal Safety Plan	<p>If Client is a danger to self, LCSW will conduct a suicide risk assessment and safety plan. If client is moderate or high risk client will be transported to OLOL to be assessed by the cope team</p>		

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Public Safety Plan	If Client threatens to harm or kill someone else, LCSW will conduct a violence risk assessment and contact proper personnel if necessary.		
Parent/Guardian Communication Plan	Contact parent/guardian Ms. Doe to update them on the treatment plan once every 3 months. Therapist will always contact the parent/guardian with any safety concerns.		
Case Management Needs:	None at this time		
Participants	Name and Title	Signature	Date
Client	Jane Doe		
Clinician			
Clinician (Supervisor)	Jill Smith		9/8/2021
NPI Number	1234567		
Family Member	Ms. Doe		